

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331881656
Report Date: 04/21/2026
Date Signed: 04/21/2026 02:58:05 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 04/15/2026 and conducted by Evaluator Tremayne Barra

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20260415092224
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FACILITY NAME: WOODCREST GARDEN HOME CARE INC		FACILITY NUMBER:	331881656
ADMINISTRATOR:NOZAWA, MINGCHIN		FACILITY TYPE:	740
ADDRESS:	15600 CHICAGO AVE	TELEPHONE:	(626) 227-5299
CITY:	RIVERSIDE	ZIP CODE:	92508
CAPACITY:	6	DATE:	04/21/2026
MET WITH: Administrator, Mingchin Nozawa		UNANNOUNCED TIME BEGAN:	01:15 PM
		TIME COMPLETED:	02:50 PM

ALLEGATION(S):

1	Staff is utilizing an inappropriate lock on facility gate. Staff did not respond to Ombudsman visitation.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Tremayne Barra, conducted an unannounced visit to deliver findings for a complaint investigation regarding the above allegations. LPA Barra met with Licensee Mingchin Nozawa, where LPA explained the purpose of the visit and the elements of the allegation. The investigation consisted of interviews with staff, witnesses and record reviews.
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5	On April 15, 2026, Community Care Licensing Division (CCLD), received a complaint alleging facility staff is utilizing an inappropriate lock on facility gate and staff did not respond to Ombudsman visitation.
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7	For the allegation that facility staff utilized an inappropriate lock on the facility gate, it was reported that during an unannounced visit, Witness 1 (W1) observed a lock on the front gate. Additional Witness 1 (AW1) stated that W1 did not have proper access to the front door and chose to squeeze through a narrow gap in the gate. (9099 Continued)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Anthony Perez	
LICENSING EVALUATOR NAME: Tremayne Barra	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/21/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 18-AS-20260415092224

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: WOODCREST GARDEN HOME CARE INC	FACILITY NUMBER: 331881656
	VISIT DATE: 04/21/2026

NARRATIVE	
1	AW1 reported that W1 attempted to contact the facility representative by telephone and left a business
2	card at the door. AW1 acknowledged that W1 was unable to make contact with the licensee. Interview,
3	with Licensee stated the facility has not had any clients and that the lock was used as an additional
4	measure to protect the property. The Licensee reported being aware that the facility cannot have any
5	secured gates and stated they will be in full compliance once clients are admitted. A review of facility
6	records corroborated the Licensee's statements, confirming that licensure was completed on August 21,
7	2025. On April 21, 2026, LPA Barra toured the facility and confirmed a census of zero; LPA Barra also
8	noted that facility rooms did not contain client property.
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10	For the allegation that staff did not respond to an Ombudsman visitation, it was reported that W1
11	conducted an unannounced visit and did not receive a response at the door from a facility
12	representative. AW1 stated W1 attempted to contact the Licensee and left a business card requesting a
13	callback. AW1 reported they were unable to communicate with the Licensee. Interview with Licensee
14	stated that the facility completed licensure in August 2025 and has not admitted any clients due to
15	delays in obtaining proper insurance. The Licensee reported that they attempted to call the number
16	listed on the business card left by W1, but the operator did not recognize the name on the card and was
17	unable to provide a voicemail message. The Licensee stated they anticipate admitting clients within the
18	next 30–60 days and will have appropriate staffing available during the day as required. A review of
19	facility records corroborated the Licensee's statements, confirming that licensure was completed on
20	August 21, 2025. On April 21, 2026, LPA Barra toured the facility and confirmed a census of zero; LPA
21	Barra also noted that facility rooms did not contain client property.
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23	Based on interviews, observations, and record reviews, the allegation that facility staff is utilizing an
24	inappropriate lock on facility gate and staff did not respond to Ombudsman visitation has been deemed
25	UNSUBSTANTIATED. A finding that the allegation is unsubstantiated, means that although the
26	allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the
27	alleged violation occurred.
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29	An exit interview was conducted. A copy of this report was provided to facility representative.
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SUPERVISORS NAME: Anthony Perez	
LICENSING EVALUATOR NAME: Tremayne Barra	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/21/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/21/2026